

To apply for reduced price or free meals complete this application, sign your name and return the application to: Food Service Department, High School, 64 Holden Street, Shrewsbury, Ma. 01545. Call the Food Service Department if you need help at 508-841-8819.

1. Print STUDENT INFORMATION		2. List the child's FOOD STAMP or TAFDC case number, if any.			
Name	Grade	Name of School	Food Stamp Number		
			TAFDC Number		
3. FOSTER CHILD: If Student is a Foster Child, Check Box List the child's monthly "personal use" income. Write "0" if the child has no "personal use" income.			\$		
4. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a Food Stamp or AFDC case number for the child, skip to PART 5					
Names of Household Members	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
5. OTHER BENEFITS – You do not have to complete this part to get free or reduced price school meals.					
Health Insurance Yes. I want health insurance for my child. School officials may give my name; address and phone number to Mass Health officials and/or their agents so that they can send me information about free or low-cost health insurance for my child. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I give up my rights to confidentiality for this purpose only. I certify that I am the parent/guardian of the child for whom application is being made.					
Signature of parent/guardian _____ Date _____					
6. Race: Please check the racial or ethnic identity of your child. You are not required to answer this question. White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native					
7. Signature and Social Security Number: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.					
Signature of Adult Household Member				Social Security Number *	
Home Telephone No.		Work Telephone No.		Printed Name	
Street/Apt. No.		City/State Zip		Date:	
* Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp or TAFDC case number is provided, you must include the Social Security number of the adult household member signing the application or indicate that the household member does not have a Social Security number. Provision of a Social Security number if not mandatory, but if a Social Security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information state on the application. These verification efforts may be carried out through Program reviews, audits and investigations and may include contacting employers to determine income, contacting a Food Stamp or Welfare office to determine current certification for receipt of Food Stamps or TAFDC benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.					
For School Use Only -- Do Not Write Below This Line					
Monthly Income Conversion: Weekly X 4.33		Every 2 Weeks X 2.15		Twice a Month X 2	
Total Household Size	Monthly Income	Food Stamps		TAFDC/ADC	
Eligibility Determination: Approved Free		Approved Reduced Price		Denied	Temporary Until:
Reason for Denial: Income Too High		Incomplete Application		Other:	
Change in Status: Reason				Date	Date Withdrawn
Signature of Determining Official _____ Date: _____					